

**\$30.00 Per Vehicle, Sirit
\$10.00 Per REC Fob
MAX 2 Fobs/Unit
CASH OR CHECK ONLY**

**MUST HAVE A COPY OF LEASE AND A COPY
OF VEHICLE REGISTRATION OR INSURANCE**

CROSS CREEK CONDOMINIUMS

RESIDENT REGISTRATION FORM

TENANT

Name: _____
Unit Address: _____
Alternate Address: _____
Cell Phone: _____ Home Phone: _____
Work Phone: _____ Email: _____
Name(s) of other occupant(s): _____

VEHICLE DESCRIPTION

TENANT

DECAL # (1) _____

DECAL # (2) _____

(1) Make/ Model: _____/_____ Year/ Color: _____/_____
License Plate # : _____ State: _____ Driver's License #: _____ State: _____

(2) Make/ Model: _____/_____ Year/ Color: _____/_____
License Plate # : _____ State: _____ Driver's License #: _____ State: _____

LEASE INFORMATION

TENANT

Length of Lease: _____ Beginning/ Ending Dates: _____/_____
Owner's Name/Management Co: _____
Phone #: _____ Address: _____

EMERGENCY CONTACT INFORMATION

TENANT

Emergency Contact Name: _____
Relationship to Owner/Tenant: _____ Phone#: _____

PET INFORMATION

Type of Pet	Breed	Weight	Tag Number	Pet's Name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BIKE DESCRIPTION

Type of bike	Adult or Child	Color
_____	_____	_____
_____	_____	_____

I have received and read the Cross Creek Rules & Regulations. _____ (initial)

I understand that the decal is Cross Creek Property and agree to return the decal to Cross Creek at the end of my residency. _____ (initial)

Signature _____ Date _____